

Thomas H. Smith
Sheriff



Office of the Sheriff of Washington County

Post Office Drawer 30 • Sandersville, Georgia 31082
(478) 552-4795 • Fax (478) 552-5848

\$10.00 FEE _____

CRIMINAL HISTORY CONSENT FORM

NAME _____
LAST FIRST MIDDLE

DOB: _____ SEX _____ RACE _____ SS# _____

PLACE OF BIRTH _____

I DO HERBY AUTHORIZE THE WASHINGTON COUNTY SHERIFF'S DEPT. TO SEARCH
CRIMINAL FILES FOR ANY CRIMINAL HISTORY I MAY HAVE.

THE FOLLOWING MUST BE CHECKED:

THIS AUTHORIZATION IS VALID FOR 90 DAYS FROM DATE OF SIGNATURE.

SIGNATURE DATE

- EMPLOYMENT WITH MENTALLY DISABLE (PURPOSE CODE 'M')
- EMPLOYMENT WITH ELDER CARE (PURPOSE CODE 'N')
- EMPLOYMENT WITH CHILDREN (PURPOSE CODE 'W')
- RENTAL OR ANY OTHER EMPLOYMENT (PURPOSE CODE 'E')

CRIMINAL HISTORY RELEASE INFORMATION

RELEASED TO: _____

RELEASED BY: _____ DATE _____

NOTE: IF A ADVERSE DECISION IS MADE CONCERNING EMPLOYMENT OR LICENSING,
AGAINST THE PERSON WHOSE RECORD WAS OBTAINED; UNDER THE LAW THE PERSON
SHALL BE INFORMED THAT A RECORD WAS OBTAINED AND THE SPECIFIC CONTENTS OF
THE RECORD AND THE EFFECT THE RECORD HAD UPON THE DECISION. FAILURE TO
PROVIDE THIS INFORMATION TO THE PERSON SUBJECT TO THE ADVERSE DECISION
SHALL BE A MISDEMEANOR.

NO RECORD FOUND _____
RECORD ATTACHED _____

applicant fill out to dotted line.